MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown 03
LENGTH OF STAY (in this place): 16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown 03
STREET ADDRESS (If rural give location): 1414 Oak Hill Avenue

3. NAME OF DECEASED: (First) John (Middle) Alfred (Last) Abbott

4. DATE OF DEATH: (Month) Aug. (Day) 11 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Feb. 11, 1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months 6 Days 0 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Ret. Supt. R.R. Co.

10b. KIND OF BUSINESS OR INDUSTRY: W. M. R. R. Co.

11. BIRTHPLACE (State or foreign country): Everett, Pa. 35

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James P. Abbott

14. MOTHER'S MAIDEN NAME: -------Haring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 705-10-5035

17. INFORMANT & ADDRESS: John A. Abbott, Jr., Hagerstown, Maryland

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 Immediate cause	(a) Pneumonitis, stasis	1 wk.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Myocarditis arteriosclerotic	indef.
	DUE TO (c) Peptic ulcer	indef.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bronchial asthma.	

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5 1950, to 8-11, 1953 that I last saw the deceased alive on 8-11, 1953 and that death occurred at 9:50 PM from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert J. Keedle MD — ADDRESS: Hagerstown — DATE SIGNED: 8-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-14-1953 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: Aug. 14 1953 — REGISTRAR'S SIGNATURE: L. Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 18 1953
BUREAU V. S.

Dr. Welty

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18.

CERTIFICATE OF DEATH

Dr Hirshman

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 1617 Virginia Ave

3. NAME OF DECEASED: (Type or Print) (First) FERDINAND (Middle) NATHAN (Last) ALSIP

4. DATE OF DEATH: (Month) (Day) (Year) Aug 31 1953 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Sept 27 1897
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker Brandt
10b. KIND OF BUSINESS OR INDUSTRY: Cabinet Works
11. BIRTHPLACE (State or foreign country): Pondsville Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Walter Alsip
14. MOTHER'S MAIDEN NAME: Martha A. Fry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: 214-09-1870
17. INFORMANT & ADDRESS: Mrs Louise Rudolph 1617 Virginia Ave Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Adeno Carcinoma - Sigmoid Colon — Interval Between Onset And Death 2 yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 Oct. 1951
19b. MAJOR FINDINGS OF OPERATION Carcinoma - Sigmoid Colon
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 28, 1951, to Aug. 31 or 1953 that I last saw the deceased alive on Aug 29th 1953, and that death occurred at 2 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip J. Hirshman MD ADDRESS Hagerstown Md DATE SIGNED 8/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9/2/53 NAME OF CEMETERY OR CREMATORY Rest Haven Cem. LOCATION (City, town, or county) Hagerstown, Md. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 1. 1953 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A12

RECEIVED
DEC 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 904 West Washington Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Andrew (Last) Ardinger

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-26-1901

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months 9 Days 3 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Dental Tech.

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George L. Ardinger

14. MOTHER'S MAIDEN NAME: Alta C. Semler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 705-10-6581

17. INFORMANT & ADDRESS: Mrs. Charles Ardinger, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Pneumonia, viral, l. upper lobe — 4 days

Antecedent causes (b) DUE TO Myocarditis, arteriosclerotic — indef
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis & cholelithiasis.

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) Refused.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5, 1951, to 8-29, 1953, that I last saw the deceased alive on 8-28, 1953, and that death occurred at 12:20 AM, from the causes and on the date stated above.

SIGNATURE Robert J. Keedle (Degree or title) M.D. ADDRESS Hagerstown Md DATE SIGNED 8-31-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9-1-1953

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept 1. 1953

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03; LENGTH OF STAY (In this place) MARYLAND Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03; STREET ADDRESS (If rural, give location) 12 East Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lowell	Thomas	Beard	Aug.	16	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Feb. 29, 1932	21 yrs.	5	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lathe Operator	Pangborn Corp.	Hagerstown, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William F. Beard	Anita L. Ruth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	217-30-6470	William F. Beard, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
816 X	
Immediate cause (a)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest hemorrhage & shock	20min
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Hagerstown	Wash. Md.	N. Potomac St.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
8.	16	53	12:30 p.m.			Auto collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) S. Robert Mello M.D., DEPUTY MEDICAL EXAMINER WASH. CO., MD. ADDRESS Hagerstown Md. DATE SIGNED 8.17.53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-19-1953	Rest Haven Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 18. 1953	Chas. H. Towers	C. M. Suter & Sons,	Hagerstown, Maryland

VS-115A

RECEIVED
AUG 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown X
LENGTH OF STAY (in this place) 43 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown X
STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Mary Lucinda Bierley

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 1, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 19, 1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home Duties
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Boyce, Va. 43
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William B. Samsell
14. MOTHER'S MAIDEN NAME: Nannie Fuller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Calvin C. Bierley- Funkstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 442X

Immediate cause (a) Hypertensive cardiovascular renal disease — Interval Between Onset And Death: Years

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 1953, to Aug. 1, 1953, that I last saw the deceased alive on July 26, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED August 3, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 4, 1953
NAME OF CEMETERY OR CREMATORY Funkstown Cemetery
LOCATION (City, town, or county) (State) Funkstown, Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 3, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss - Hagerstown, Md. ADDRESS

M

1

T

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1953
BUREAU V. S.

Dr. Well

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND; LENGTH OF STAY (In this place) 16 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 912 Salem Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 912 Salem Ave.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) AUGUSTUS (Last) BIKLE

4. DATE OF DEATH: (Month) Aug. (Day) 9 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept. 13, 1908

9. AGE last birthday: 44 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Console Builder

10b. KIND OF BUSINESS OR INDUSTRY: Moller Organ Co.

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Bikle

14. MOTHER'S MAIDEN NAME: Sarah A. Lundey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 214-09-3917

17. INFORMANT AND ADDRESS: Mrs Charles Bikle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 714.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation by Hanging

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home (CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 8-9-53 2 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Hanged self in attic

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE (Degree or title) J. Robert McClellan M.D., DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED Aug. 10 '53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug. 11, 1953 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REG. 8-11-1953 | REGISTRAR'S SIGNATURE E. Frost Flowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown, Md.

VS. A-101

RECEIVED
AUG 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Hagerstown 03
LENGTH OF STAY (in this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 20 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Wash
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Smithsburg
STREET ADDRESS (If rural give location): X

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) M. (Last) Bowman

4. DATE OF DEATH: (Month) Aug (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 24, 1874

9. AGE Last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Bowman

14. MOTHER'S MAIDEN NAME: Elizabeth Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Miss Ethel M. Bowman 442 N. Mulberry St Hagerstown

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 592 X — (a) Generalized arteriosclerosis — Interval Between Onset And Death:

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b): Chr nephritis & uremia — 3mo

DUE TO (c):

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile dementia — 3mo

19a. DATE OF OPERATION: 6

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1953, to 8.27, 1953, that I last saw the deceased alive on 8.26., 1953, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Robert Wells M D — ADDRESS: Hagerstown, Md. — DATE SIGNED: 8.28.53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF? Aug. 30-53 — NAME OF CEMETERY OR CREMATORY: Pleasant Valley M.B Cem — LOCATION (City, town, or county) near Smithsburg — (State) Md

DATE REC'D BY LOCAL REGISTRAR: Aug. 28. 1953 — REGISTRAR'S SIGNATURE: Chas H Boward

24. FUNERAL DIRECTOR: M. L. Creager — ADDRESS: Sun Thurmont Md

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Earl Young

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hzagerstown
LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 234 No Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) CATHERINE (Last) BROOKS
4. DATE OF DEATH: (Month) (Day) (Year) Aug 29 1953 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct 26 1891
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Tommy Hawk W. Va. 4
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles McDaniel
14. MOTHER'S MAIDEN NAME: Ardelia Wasson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Robert D. Brooks

18. MEDICAL CERTIFICATION Hagerstown Md.

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Diabetes Mellitus — 4 hrs

DUE TO (c) Intestinal Obstruction — 7 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19.. to 8/29/53, 19.., that I last saw the deceased alive on 8/29, 1953 and that death occurred at 11.20 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Hagerstown Md DATE SIGNED 8/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/1/53
NAME OF CEMETERY OR CREMATORY Rose Dale Cemetery
LOCATION (City, town, or county) (State) Martinsburg W. Va.

DATE REC'D BY LOCAL REGISTRAR Aug. 31, 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

RECEIVED
SEP 2 1953
BUREAU V. S.

DR. WADE

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BROWNSVILLE X
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MAIN ST. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BROWNSVILLE X
STREET ADDRESS (If rural give location): MAIN ST.

3. NAME OF DECEASED: (First) WILLIAM (Middle) HERBERT (Last) BROWN. (Type or Print)

4. DATE OF DEATH: (Month) AUGUST (Day) 11 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 7 1872

9. AGE last birthday: 80 yrs. 11 Months 4 Days — IF UNDER 1 YEAR: Hours — IF UNDER 24 HRS.: Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Automobile SALESMAN - RETIRED

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NEAR BROWNSVILLE WASH. Co. MD. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: DANIEL BROWN

14. MOTHER'S MAIDEN NAME: MARY ELLEN NICHOLS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. STELLA M. BROWN BROWNSVILLE MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

540.0
Immediate cause (a) Hemorrhage (Gastric ulcer) — Sudden
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) / SUICIDE / HOMICIDE — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 11, 1953, to Aug. 11, 1953, that I last saw the deceased alive on Aug. 11, 1953, and that death occurred at 5:20 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): M.D. — ADDRESS: Boonsboro Md. — DATE SIGNED: 8-12-53.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: AUG. 13. 1953 — NAME OF CEMETERY OR CREMATORY: ST. LUKES EPISCOPAL CEMETERY - BROWNSVILLE MD

DATE REC'D BY LOCAL REGISTRAR: 8/13/53 — REGISTRAR'S SIGNATURE: C. M. Castle per E Castle Deputy

24. FUNERAL DIRECTOR — ADDRESS: WM. F. BAST AND SONS BOONSBORO MD.

RECEIVED
AUG 10 - - 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY Hagerstown, Wash. Co. • MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 12 | LENGTH OF STAY (In this place) 3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Koller Apts. Summit Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Virginia COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Winchester
STREET ADDRESS (If rural, give location) 600 S. Washington St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Howard	J	Cahill	Aug. 24 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Male	White	Married	April 13,1891	62 yrs.	4 / 11	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner	Valley Food Co.	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Cahill	Christenia Barthamey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
UNKNOWN	223-42-4634	August Cahill Winchester, Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) .... acute coronary occlusion	10 min
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT, HOMICIDE OR SUICIDE? PRIMARY OR CONTRIBUTING CAUSE OF DEATH — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

S. Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. Hagerstown, Maryland 8.25.53

DISPOSITION (Burial, Cremation, Removal, Donation) (Specify)	DATE OF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 27, 1953	Mt. Hebron	Winchester, Va

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Aug. 27, 1953 Edward H. Bowers — FRED W. KRAISS — HAGERSTOWN, MD.

VS A15A

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 15 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 137 RAY ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 137 RAY ST.

3. NAME OF DECEASED: (Type or Print) (First) RUBY (Middle) LORRAINE (Last) COYLE
4. DATE OF DEATH: (Month) AUG. (Day) 27 (Year) 1953
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 5/9/1927
9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ADAM STANSBERRY
14. MOTHER'S MAIDEN NAME: ANNA B. MINER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-18-3135
17. INFORMANT & ADDRESS: MR. JAMES W. COYLE HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

Immediate cause (a) Pulmonary Embolism — Interval Between Onset And Death: 1 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic Heart Disease — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1950, to Aug 27, 1953, that I last saw the deceased alive on Aug 27, 1953, and that death occurred at 5.30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Shirley J. Holeman MD
ADDRESS Hagerstown Md
DATE SIGNED 8/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/30/53
NAME OF CEMETERY OR CREMATORY Leitersburg Luthern Cem.
LOCATION (City, town, or county) Washington Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR Aug 29, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR W. T. Norment, ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 31 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Rural
STREET ADDRESS (If rural give location) Hagerstown Rt. 3

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Blockson (Last) Davis
4. DATE OF DEATH: (Month) Aug. (Day) 14 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 23, 1885
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Sheet Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY: Iron Works
11. BIRTHPLACE (State or foreign country): Wilmington Del. 07
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wilson L. Davis
14. MOTHER'S MAIDEN NAME: Anna Dillman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-09-7349
17. INFORMANT & ADDRESS: Mrs. Mary E.L. Davis Hag. Rt. 3

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Pulmonary congestion — Interval Between Onset And Death: 2 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma lung — unknown

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12 Aug, 1953, to 14 Aug, 1953 that I last saw the deceased alive on 14 Aug, 1953, and that death occurred at 7:05 AM, from the causes and on the date stated above.

SIGNATURE F. Lalanne (Degree or title) ADDRESS Shepherdstown WVA DATE SIGNED 8/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 16, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 15 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 18 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Beaver Creek - Rural; LENGTH OF STAY (in this place) 7 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown Md. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaver Creek - Rural; STREET ADDRESS (If rural give location) Hagerstown md. R.1

3. NAME OF DECEASED: (First) Bessie (Middle) Mabel (Last) Deibert

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 20, 1886

9. AGE last birthday: 67-0-10 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Rocky Ridge md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Beitler

14. MOTHER'S MAIDEN NAME: Lydia Ellen Kaylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None.

17. INFORMANT & ADDRESS: Mrs. Pauline Miller Hagerstown md. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

Immediate cause (a) Cancer of Liver — Interval Between Onset And Death: 3 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1953, to August 30, 1953, that I last saw the deceased alive on Aug. 29, 1953, and that death occurred at 5.30 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 8/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial. DATE THEREOF Sept. 1. 1953 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) (State) Hagerstown Wash. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 1. 1953 REGISTRAR'S SIGNATURE John H. Bast

24. FUNERAL DIRECTOR W. J. Bart & Son ADDRESS Boonsboro Md

RECEIVED
DEC 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. AR

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN: Hagerstown, Md — LENGTH OF STAY (in this place): life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown, Maryland.
STREET ADDRESS (If rural give location): 245 N. Jonathans Street.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Corine (Last) Dodson

4. DATE OF DEATH: (Month) 8 (Day) 21 (Year) 53

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 9-5-1911

9. AGE Last birthday: 41 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Private family

11. BIRTHPLACE (State or foreign country): Hagerstown Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas French

14. MOTHER'S MAIDEN NAME: Florence Galoways

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: 245 N. Jonathan st Edward French Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 442X Cardio Vascular Renal Disease — Interval Between Onset And Death: 3 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1953, to Aug 21, 1953, that I last saw the deceased alive on Aug 21, 1953, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert P. Conrad M.D. — ADDRESS: Hagerstown, Md. — DATE SIGNED: Aug 21, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-27-1953 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Maryland

DATE REC'D BY LOCAL REGISTRAR: Aug. 21, 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: John R Wootton & Hagerstown Md

RECEIVED
AUG 28 1953
REAU V. S.

Dr. Paulus.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown #2
LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown #3
STREET ADDRESS (If rural give location) 116 Buena Vista Ave.

3. NAME OF DECEASED: (First) Alice (Middle) Fairvia (Last) Dutrow
4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	May 12 1889	64-2-23 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Mt. Lena Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cornelius Houpt.
14. MOTHER'S MAIDEN NAME: Amanda Stottlemyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None.
17. INFORMANT & ADDRESS: Hubert Dutrow 116 Buena Vista ave. Hagerstown Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
260X Immediate cause	(a) Acute Rt Heart Failure	14 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) ASHD	Years
	DUE TO (c) Diabetes	Years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-5, 1953, to 8-5, 1953, that I last saw the deceased alive on 8-5, 1953, and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
George Paulus MD	316 N Potomac	8-5-53.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 8. 1953	Beaver Creek Cemetery	Beaver Creek Wash. Co. Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 6 1953	Chas. H. Bowers	Wm. T. Bast & Sons	Boonsboro Md

RECEIVED
AUG 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEEDYSVILLE X
LENGTH OF STAY (in this place) 21 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEEDYSVILLE X
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) RUSSELL (Middle) 1. (Last) EARNSHAW

4. DATE OF DEATH: (Month) AUG. (Day) 31 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAR. 20, 1912

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: FUN'L DIRECTOR

10b. KIND OF BUSINESS OR INDUSTRY: OWN BUSINESS

11. BIRTHPLACE (State or foreign country): HAGERSTOWN, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JEREMIAH K. EARNSHAW

14. MOTHER'S MAIDEN NAME: CARRIE M. SLICK

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MARGUERITE EARNSHAW, KEEDYSVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Coronary occlusion — Interval Between Onset And Death: 15 minutes

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at time of death, 19.., that I last saw the deceased alive on Aug. 31 1953, and that death occurred at 11:55 P.M. from the causes and on the date stated above.

SIGNATURE Walter H. Shealy (Degree or title) M.D. ADDRESS Sharpsburg, Md DATE SIGNED 9/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 9/3/1953 NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY LOCATION (City, town, or county) HAGERSTOWN, (State) MD.

DATE REC'D BY LOCAL REGISTRAR Sept 3 1953 REGISTRAR'S SIGNATURE R. H. Geeting

24. FUNERAL DIRECTOR G. MARLIN POE, ADDRESS WAYNESBORO, PENNA.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. 415

RECEIVED
SEP 9 1953
BUREAU V. S.

175

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL BIG POOL
LENGTH OF STAY (In this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCOYS FERRY DIST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL BIG POOL
STREET ADDRESS (If rural, give location) McCOYS FERRY DIST.

3. NAME OF DECEASED (Type or Print) (First) CLINTON (Middle) JUNIOR (Last) EVERITTS

4. DATE OF DEATH (Month) AUG (Day) 15 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH SEPT. 23- 1916
9. AGE last birthday 36 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARMAN
10b. KIND OF BUSINESS OR INDUSTRY WESTERN MD.R.R.
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME WILLIAM AMOS EVERITTS
14. MOTHER'S MAIDEN NAME IDA MAY ARMSTRONG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR 11
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS LEWIS EVERITTS- BIG POOL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

476 X Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot wound into chest hemorrahage & shock

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) (COUNTY) (STATE) Big Spring RFD Wash. Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 8 · 15 53 3:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? shot self with 12 gague shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells M.D. (Degree or Medical Exam) DEPUTY MEDICAL EXAM WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED 8.17.53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF AUG. 18-53
NAME OF CEMETERY OR CREMATORY SHANKTOWN CEMETERY
LOCATION (City, town, or county) (State) SHANKTOWN, MD.

DATE REC'D BY LOCAL REG. Aug 18-53
REGISTRAR'S SIGNATURE J. W. Murray Local Registrar
24. FUNERAL DIRECTOR ADDRESS ADRIAN H. ROWLAND-CLEARSPRING, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
LENGTH OF STAY (in this place) 50 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 269 SOUTH PROSPECT STREET

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 269 SOUTH PROSPECT STREET

3. NAME OF DECEASED: (Type or Print) (First) IVY (Middle) FISHER (Last) FAHRNEY
4. DATE OF DEATH: (Month) AUG (Day) 15, (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 4, 1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, if retired: HOME DUTIES
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SIR JOHN RUN W. VA.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JULIUS C. FISHER
14. MOTHER'S MAIDEN NAME: JOHANNA BURKHART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MISS CLARA A. FISHER- 269 S. Prospect St. Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
151X
Immediate cause (a) Carcinoma Stomach
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death 6 m

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10, 1953, to 8-15, 1953, that I last saw the deceased alive on 8-14, 1953, and that death occurred at 3 A.M., from the causes and on the date stated above.
SIGNATURE S. W. Ditty (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 7/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 18, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 17, 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

T

RECEIVED
AUG 19 1953
EAU V. S.

Item 18 Film G158 9-21-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — MARYLAND — LENGTH OF STAY (In this place) 6 wks. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — STREET ADDRESS (If rural, give location) 213 So. Woodyear St.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) F. (Last) Farley

4. DATE OF DEATH: (Month) Aug. (Day) 4th (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 3/23/1914

9. AGE last birthday: 39 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police Officer

10b. KIND OF BUSINESS OR INDUSTRY: Balto City Police Dept

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Farley

14. MOTHER'S MAIDEN NAME: Nellie Mullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ? — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs Julia M. Farley 213 So. Woodyear St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X **Immediate cause** (a) Congestive Heart Failure — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hemorrhages of brain and brain stem

(c) Etiology of heart disease undetermined

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: en Mar Wash. (CITY OR TOWN) Md. (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Found dead on roadway

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO. MD. 115 North Potomac St. Hagerstown, Md. 8/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/18/53 — NAME OF CEMETERY OR CREMATORY: Mt Olivet Cem. — LOCATION (City, town, or county) (State): 2930 Frederick Ave

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: John J. Townsdon — ADDRESS: Dolfield

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 5 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 231 North Jonathan Street

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) Pearl (Last) Fellers

4. DATE OF DEATH: (Month) Aug. (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 2-3-1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months 6 Days 5 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Winchester, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Kane

14. MOTHER'S MAIDEN NAME: Eliza Crim

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Arthur L. Fellers, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 Day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 19 53 to Aug 8, 19 53; that I last saw the deceased alive on Aug 8, 19 53, and that death occurred at 4:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-11-1953 — NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery — LOCATION (City, town, or county) (State): Martinsburg, W. Va.

DATE REC'D BY LOCAL REGISTRAR: 8/11/1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

RECEIVED
AUG 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

Dr Brewer

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Hagerstown 03
LENGTH OF STAY (in this place): 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R # 2
STREET ADDRESS (If rural give location): Nursery Road

3. NAME OF DECEASED: (First) CLARA (Middle) MAY (Last) FLETCHER
4. DATE OF DEATH: (Month) (Day) (Year): Aug 24 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jany 12 1873
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Greencastle Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jonathan Jones
14. MOTHER'S MAIDEN NAME: No Record
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Edna Long Hagerstown Md. R # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause — (a) Cerebral Hemorrhage — Interval Between Onset And Death: 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arterial Sclerosis — 5 yrs.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1953 to Aug 24, 1953 that I last saw the deceased alive on Aug 24, 1953, and that death occurred at 11.05 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title): David R Brewer M.D.
ADDRESS: Clear Spring Md.
DATE SIGNED: 8/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/27/53
NAME OF CEMETERY OR CREMATORY: Chur. of God Cemetery
LOCATION (City, town, or county) (State): Broadfording Md.

DATE REC'D BY LOCAL REGISTRAR: Aug. 27, 1953
REGISTRAR'S SIGNATURE: Chas H Bowers
24. FUNERAL DIRECTOR / ADDRESS: Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 820 Summit Ave.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Hiram (Last) Guessford

4. DATE OF DEATH: (Month) August (Day) 14 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 25 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months 6 Days 19 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retd Tennant Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Williamsport Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Martin Guessford

14. MOTHER'S MAIDEN NAME: Mary Wiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: 820 Summit Ave. Mrs. Wilbur Sarver Hagerstown Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis, Generalized — DUE TO

(c)

Interval Between Onset And Death: 1/2 hours / years.

420.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Amputation right leg - 3d. prior to death.

19a. DATE OF OPERATION: 8/12/53

19b. MAJOR FINDINGS OF OPERATION Amputation - gangrenous limb

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Aug, 1953, to 14 Aug 1953, that I last saw the deceased alive on 14 Aug 19 53 and that death occurred at 9:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) J Quinton, M.D. ADDRESS Hagerstown DATE SIGNED 8/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 19 1953 NAME OF CEMETERY OR CREMATORY St. Paul Cemetery LOCATION (City, town, or county) Md (State) Western Pike Hagerstown

DATE REC'D BY LOCAL REGISTRAR Aug 19, 1953 REGISTRAR'S SIGNATURE Rhoda H. Bowers

24. FUNERAL DIRECTOR Albert L Leaf ADDRESS Williamsport Md.

RECEIVED
AUG 19 1953
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 37 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 630 GEORGE ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 630 GEORGE ST.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) HOWARD C. HARBAUGH

4. DATE OF DEATH: (Month) (Day) (Year) AUG. 5, 1953 19

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUG. 10. 1884

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: STICKEL FEED CO.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: YOST CALVIN HARBAUGH

14. MOTHER'S MAIDEN NAME: RACHEL E. WETZEL

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-3204

17. INFORMANT & ADDRESS: MRS. LULA HARBAUGH 630 GEORGE ST. HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17/X

		Interval Between Onset And Death
Immediate cause	(a) Carcinoma liver	6 mo.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	2 yrs
	DUE TO (c) Hypertension	2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Aug 5th, 1953, that I last saw the deceased alive on Aug 4th, 1953, and that death occurred at 10 Am from the causes and on the date stated above.

SIGNATURE (Degree or title) Phys J Kirkman MD — ADDRESS Hagerstown Md — DATE SIGNED 8/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 8/8/53 — NAME OF CEMETERY OR CREMATORY REST HAVEN CEMETERY — LOCATION (City, town, or county) (State) HAGERSTOWN MD.

DATE REC'D BY LOCAL REGISTRAR Aug. 1. 1953 — REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR F. RED W. KRAISS HAGERSTOWN, MD. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 10 1953
BUREAU V. S.

Item 9 - Film G157 - 9/3/53 mnb.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 4 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 217 WEST FRANKLIN ST.

3. NAME OF DECEASED (Type or Print) (First) HUBERT (Middle) FLEET (Last) HARBAUGH JR.

4. DATE OF DEATH (Month) AUGUST (Day) 25 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH NOV. 25, 1922
9. AGE last birthday 31 30 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER
10b. KIND OF BUSINESS OR INDUSTRY G. M. Gehr
11. BIRTHPLACE (State or foreign country) Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME HUBERT FLEET HARBAUGH SR.
14. MOTHER'S MAIDEN NAME MARY SCLOTTERBACK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-18-9901
17. INFORMANT AND ADDRESS MRS. MARY ELLEN HARBAUGH 217 W. Franklin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

902.6

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull hemorrhage & shock — 4 hours

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE) Antietam't School Bldg, Hagerstown Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 8 - 25 . 53 9:45 A m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Fell off a ladder while painting

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED 9.26.53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF AUG. 29, 1953
NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY
LOCATION (City, town, or county) HAGERSTOWN (State) MARYLAND
DATE REC'D BY LOCAL REG. Aug 27, 1953
REGISTRAR'S SIGNATURE [illegible] Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS 139 N. Potomac St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 35 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 WEST SIDE AVE. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 65 WEST SIDE AVE.

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) ELLSWORTH (Last) HERSHBERGER
4. DATE OF DEATH: (Month) AUGUST (Day) 7 (Year) 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 11/13/1909
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RADIO TECHNICIAN
10b. KIND OF BUSINESS OR INDUSTRY: REPAIR SHOP
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN D. HERSHBERGER
14. MOTHER'S MAIDEN NAME: HARRIET HORNBAKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-09-7670
17. INFORMANT & ADDRESS: MRS. IRENE HERSHBERGER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 179X (a) Carcinoma of penis with metastases. — Interval Between Onset And Death: 1½ years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: Feb. 1953
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of penis. (Amputation of penis)
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 5, 1953, to Aug. 7, 1953, that I last saw the deceased alive on Aug. 5, 1953, and that death occurred at 3:45 P.M, from the causes and on the date stated above.

SIGNATURE: Ra Bee (Degree or title) M. D. ADDRESS: Hagerstown, Maryland DATE SIGNED: August 9, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 8/10/53 NAME OF CEMETERY OR CREMATORY: Rest Haven Cem. LOCATION (City, town, or county) (State): Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR: Aug. 10 1953 REGISTRAR'S SIGNATURE: Chas H. Bowers
24. FUNERAL DIRECTOR: W. T. Norment ADDRESS: Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 12 19
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Clear Spring X
LENGTH OF STAY (in this place) 8 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home 6"

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Balto.~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 3508 Windsor Mill Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Elsie Mae Hobbs
4. DATE OF DEATH: (Month) (Day) (Year) Aug. 1, 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home Duties
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Clear Spring, Md.
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Ellsworth Kershner
14. MOTHER'S MAIDEN NAME: Mary V. Mullen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. John Yeakle- Clear Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X

Immediate cause (a) Carcinoma of Esophagus — Interval Between Onset And Death: 1 year

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Larynx. — 6 mo.

DUE TO

(c) Carcinoma of Liver — ?

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 15, 1953
19b. MAJOR FINDINGS OF OPERATION Gastrostomy - June 22, Tracheotomy
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1953, to July 31, 1953 that I last saw the deceased alive on July 31st 1953, and that death occurred at 4.45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) David P. Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 8/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 5 1953 NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery LOCATION (City, town, or county) (State) Rural Clear Spring, Md.
DATE REC'D BY LOCAL REGISTRAR Aug 6 - 53 REGISTRAR'S SIGNATURE Leroy M. Fockler (Deputy Local)
24. FUNERAL DIRECTOR Adrian H Rowland ADDRESS Clear Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Boonsboro X
LENGTH OF STAY (in this place) 1 yr. 7 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fahrney - Keedy Memorial Home for the Aged Inc. 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Boonsboro X
STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED: (Type or Print) (First) DORA (Middle) E (Last) HOOKE

4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Oct 4, 1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia 4

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Long

14. MOTHER'S MAIDEN NAME: Eliza Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. George W. Kunz, Matron Fahrney-Keedy Mem. Home, Boonsboro, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1

Immediate cause (a) Acute myocarditis with — Interval Between Onset And Death: 1 hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) decompensation
DUE TO (c) Arteriosclerosis — 5 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 19, 1953, to Aug 19, 1953, that I last saw the deceased alive on Aug 19, 1953, and that death occurred at 6:40 A.M., from the causes and on the date stated above.

SIGNATURE G W Sellers (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 8/19/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 21 1953
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Prince George's County (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug. 19. 1953
REGISTRAR'S SIGNATURE John H. Bast

24. FUNERAL DIRECTOR Warner E Pumphrey, Inc. ADDRESS Silver Spring, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 50 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 821 ARMSTRONG AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 143 EAST AVE.

3. NAME OF DECEASED: (Type or Print) (First) NORA (Middle) BLANCHE (Last) HOSE

4. DATE OF DEATH: (Month) AUGUST (Day) 1 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: 4/12/1890

9. AGE Last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): HOUS EWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL J. MINER

14. MOTHER'S MAIDEN NAME: CLARA RODGERS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MR. WM. A. HOSE JR. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155 X

Immediate cause (a) Carcinoma of gall bladder — Interval Between Onset And Death: about 4 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) & metastatic ca of liver

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-23-53

19b. MAJOR FINDINGS OF OPERATION: See above

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-16, 1947 to 8-1, 1953, that I last saw the deceased alive on 8-1-, 1953, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE John H Hamburger (Degree or title) M.D. ADDRESS Hagerstown Md DATE SIGNED 8/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/4/53 — NAME OF CEMETERY OR CREMATORY Rest Haven Cem. — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Aug 3, 1953 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR W. J. Normentt ADDRESS Hagerstown Md.

RECEIVED
AUG 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 564 Salem Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Violet (Last) Hyde

4. DATE OF DEATH: (Month) Aug. (Day) 27 (Year) 19 53

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: July 20, 1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: house wife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Cummings
14. MOTHER'S MAIDEN NAME: Rebecca Hawbaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: - -
17. INFORMANT & ADDRESS: Jesse D. Hyde, Tacoma, Wash.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 1 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1953, to Aug. 27, 1953, that I last saw the deceased alive on Aug. 27, 1953, and that death occurred at 7:40 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Lloyd C. Hoffman, ADDRESS 214 N. Potomac St. Hagerstown, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 8-29-53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 29, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son, ADDRESS Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 149 South Mulberry Street X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 149 South Mulberry Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Roy (Last) Judd, Sr.
4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March, 4, 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Cabinet Maker
10b. KIND OF BUSINESS OR INDUSTRY: Beachley Furn. Co.
11. BIRTHPLACE (State or foreign country): Luray, Virginia 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel B. Judd
14. MOTHER'S MAIDEN NAME: Mary A. Bradley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 1
16. SOCIAL SECURITY No.: 214-09-6767
17. INFORMANT & ADDRESS: Mrs. Wm. R. Judd, Sr. Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary occlusion (thrombosis) 1 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c) Hernia - inguinal

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Epilepsy, idiopathic.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8, 1953, to 8-31, 1953, that I last saw the deceased alive on 8-25, 1953, and that death occurred at 2:30 PM, from the causes and on the date stated above.

SIGNATURE Robert F. Keadle (Degree or title) MD ADDRESS Hagerstown DATE SIGNED 9-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-3-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REGISTRAR Sept 2 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
SEP 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 236 Prospect Avenue X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 236 Prospect Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Viola	May	Kauffman	Aug.	14	19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	12-8-1906	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Hagerstown, Maryland	U.S.A.

13. FATHER'S NAME: Camby Stottlmyer
14. MOTHER'S MAIDEN NAME: Bessie Shuff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NONE	Warren Kauffman, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
974X Immediate cause	(a)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Suffocation by Hanging	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Hagerstown	Wash.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
8	14	53	9:30 A.M.		Hanged self with rope in basement

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DEPUTY MEDICAL EXAM. WASH. CO., MD.	DATE SIGNED
J. Robert Mello M.D.	Hagerstown, Md.		Aug 17/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-18-1953	Rest Haven Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug. 18. 1953	Ethel Bowers	C. M. Suter & Sons, Hagerstown, Maryland

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

RECEIVED
AUG 2[illegible]
BUREAU V. S.

Dr. Wells

WD Campbell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown D2
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 924 Dewey Ave.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) William (Last) Krotzer

4. DATE OF DEATH: (Month) Aug. (Day) 16, (Year) 1953

5. SEX: Male Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 25, 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Sticher

10b. KIND OF BUSINESS OR INDUSTRY: Shoe

11. BIRTHPLACE (State or foreign country): Rockford Ill. //

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William J. Krotzer

14. MOTHER'S MAIDEN NAME: Anna Schwinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-0434a

17. INFORMANT & ADDRESS: Mrs. Clara B. Krotzer Hagerstown Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

545 X

Immediate cause (a) Pneumonitis — Interval Between Onset And Death 3-4 days

DUE TO Gastro-Jejunum colic fistulae (?)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Gen'l Arterio Sclerosis (?)

DUE TO Gastro-Enterostomy

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 1953, to Aug. 16, 1953, that I last saw the deceased alive on Aug. 15, 1953, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. H. Campbell ADDRESS 145 W. Wash. St. Hagerstown, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug. 19, 1953

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) Hagerstown Ms. (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 18, 1953

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

RECEIVED
AUG 20 1953
BUREAU V. S.

DR. PHILIP J. HIRSHMAN
159 W. WASHINGTON ST. HAGERSTOWN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN 12
LENGTH OF STAY (in this place): 14 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
STREET ADDRESS (If rural give location): 13 N. LOCUST ST.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): ROBERTA - EAKLE - LA MAR

4. DATE OF DEATH: (Month) (Day) (Year): AUGUST - 22 - 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MAY - 27 - 1877

9. AGE last birthday: 76 - 2 - 25 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): SEAMSTRESS

10b. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED

11. BIRTHPLACE (State or foreign country): KEEDYSVILLE WASH. CO. MD. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ROBERT LA MAR

14. MOTHER'S MAIDEN NAME: NELLIE EAKLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): NO.

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. MARY BOWARD - 45½ W. FRANKLIN ST. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

446X

Immediate cause (a) Pulmonary Embolism — 2 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arterio Sclerotic Nephrosclerosis — 3 years.

DUE TO

(c) Generalized Arteriosclerosis. — years.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Aug 22, 1953, that I last saw the deceased alive on Aug 22, 1953, and that death occurred at 3 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Philip J Hirshman MD — ADDRESS: Hagerstown Md — DATE SIGNED: 8/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: AUG. 25. 1953 — NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY — LOCATION (City, town, or county) (State): BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR: Aug. 28, 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS — ADDRESS: BOONSBORO MD.

RECEIVED
AUG 27 1953
BUREAU V. S.

Wilson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 911 A Main Ave X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 911 A Main Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edward (Last) Lewis
4. DATE OF DEATH: (Month) Aug. (Day) 15 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 18, 1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Frederick Co.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John W. Lewis
14. MOTHER'S MAIDEN NAME: Elizabeth Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Keiffer Lewis Cavetown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 1 wk.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, Generalized — Years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Aug, 1953, to 15 Aug, 1953, that I last saw the deceased alive on 15 Aug, 1953, and that death occurred at 7:15 PM from the causes and on the date stated above.

SIGNATURE Wilson (Degree or title) M.D. ADDRESS Hagerstown DATE SIGNED 8/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 18, 1953
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) Garfield (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Aug. 18. 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

RECEIVED
AUG 20 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown X
LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown, Md. X
STREET ADDRESS (If rural give location) Rural R D 2

3. NAME OF DECEASED: (Type or Print) (First) Carl (Middle) L. (Last) Light

4. DATE OF DEATH: (Month) Aug. (Day) 4, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (If married) Married

8. DATE OF BIRTH: Feby. 4, 1901

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): 4

10b. KIND OF BUSINESS OR INDUSTRY: Fairchild Aircraft Harrisonburg, Va.

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John T. Light

14. MOTHER'S MAIDEN NAME: Minnie Fifer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-07-3548

17. INFORMANT & ADDRESS: Mrs. Florence Ida Light- Hagerstown, Md. R D 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary infarcts, multiple — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocarditis, luetic — DUE TO

(c)

Interval Between Onset And Death: 4 days. indef.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27, 1953, to 8-4, 1953 that I last saw the deceased alive on 8-3, 1953, and that death occurred at 7.05 AM, from the causes and on the date stated above.

SIGNATURE Robert Headle (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 8-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug. 6, 1953

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR 8-6-1953

REGISTRAR'S SIGNATURE Ethan A. Bowers

24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss Funeral Home- Hagerstown, Md.

RECEIVED
AUG 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Kneisley

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 1 Week	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maugansville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MAUDE (Middle) VIRGINIA (Last) LINDSAY

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	June 27 1882	71 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maugansville Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Daniel Lowry	Barbara Piper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
4 No		None	Rev Samuel D. Lindsay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
904.0 Immediate cause	(a) EMBOLISM OF COMMON ILIAC ARTERY	48 hrs.
	DUE TO FRACTURE of FEMUR	9 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DIABETES MELLITUS	25 yrs.
(260x)	DUE TO (c) HYPERTENSIVE CARDIOVASC. DISEASE	20 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) MAUGANSVILLE (COUNTY) WASH. (STATE) MARYLAND

TIME OF INJURY (Month) 7 (Day) 26 (Year) 1953 (Hour) 6:30 A.m. — INJURY OCCURED While at Work ☐ Not While At Work ☑ — HOW DID INJURY OCCUR? FALL.

22. I hereby certify that I attended the deceased from 1932, 19..., to ..., 1953, that I last saw the deceased alive on Aug 2, 1953, and that death occurred at 1:30 PM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) WASH. Co. Hosp — ADDRESS Hagerstown — DATE SIGNED 8/3/53.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/5/53	Broadfording Cemetery	Broadfording Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 3, 1953	Chas H Bowers	Andrew K. Coffman	Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 5 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN 03
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 434 SALEM AVENUE X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN C
STREET ADDRESS (If rural give location): 434 SALEM AVENUE

3. NAME OF DECEASED: (Type or Print) (First) JACOB (Middle) HENRY (Last) LIZER

4. DATE OF DEATH: (Month) AUGUST (Day) 21 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCTOBER 14, 1886

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: HAG. STORAGE & TRANS.

11. BIRTHPLACE (State or foreign country): MARYLAND,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL LIZER

14. MOTHER'S MAIDEN NAME: SUSAN KLINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNKNOWN (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-8738

17. INFORMANT & ADDRESS: MRS. BEULAH LIZER, 434 SALEM AVENUE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary thrombosis — 2 hours.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertension — ?
DUE TO
(c) Heart block — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19, 53, to 21 Aug., 19 53, that I last saw the deceased alive on 21 Aug., 1953, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edward D. Wachsmith MD — ADDRESS: Hagerstown Md — DATE SIGNED: 8/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — **DATE THEREOF:** 8/24/53 — **NAME OF CEMETERY OR CREMATORY:** REST HAVEN — **LOCATION** (City, town, or county) (State): HAGERSTOWN, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: Aug 24, 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: KRAISS FUNERAL HOME — ADDRESS: HAGERSTOWN, MD.

RECEIVED
AUG 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Maryland
STREET ADDRESS (If rural give location) 428 Carrolton Ave.

3. NAME OF DECEASED: (Type or Print) (First) Luke (Middle) Harrison (Last) Loveless
4. DATE OF DEATH: (Month) Aug. (Day) 23 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 26 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 8 Days 28 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trackman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Front Royal Va. 45
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jacob Ridgeway Loveless
14. MOTHER'S MAIDEN NAME: Barbara Ann Loveless
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 705-07-7767
17. INFORMANT & ADDRESS: 428 Carrolton Ave Mr. William Loveless Hagerstown Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic heart disease — Interval Between Onset And Death: 6 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive cardiovascular disease — 6 mo. Certain

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1953, to Aug 23, 1953, that I last saw the deceased alive on Aug 23, 1953, and that death occurred at 10 55 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Seymour, Md. J Public Square Hagerstown, Md. Aug 24, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 26-53 NAME OF CEMETERY OR CREMATORY Bennetts Chapel Cemetery LOCATION (City, town, or county) (State) Front Royal Va.
DATE REC'D BY LOCAL REGISTRAR Aug. 24, 1953 REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Conococheague Md. X
LENGTH OF STAY (in this place) 75 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home Inc. Gateway Convalescent 6

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Md. X
STREET ADDRESS (If rural give location) 33 W. Church Street

3. NAME OF DECEASED: (Type or Print) (First) John S (Middle) S (Last) Malott
4. DATE OF DEATH: (Month) Aug. 7 (Day) (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 4 1861
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months 6 Days 2 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Ret'd Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Broom Factory
11. BIRTHPLACE (State or foreign country): St. James Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John S Malott
14. MOTHER'S MAIDEN NAME: Margret Poffenbarger
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No,
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 229 S. Prospect St. Mrs. W. E. Hill Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 X

Immediate cause (a) Cerebral Apoplexy DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 2 Days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5/53, 19 , to 8/7/53, 19 , that I last saw the deceased alive on 8/7/53, 19 ....., and that death occurred at 7:30 P.M. from the causes and on the date stated above.

SIGNATURE R. F. Young (Degree or title) M.D. ADDRESS Williamsport Md DATE SIGNED 8/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 10-53
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) (State) Williamsport Md.
DATE REC'D BY LOCAL REGISTRAR Aug 9. 53
REGISTRAR'S SIGNATURE Leroy M Fockler (Deputy Local)
24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

T

RECEIVED
AUG 18
BUREAU V. S.

Item 18&19a Film G157 8-28-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) one week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. 20 Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benevola - Rural X
STREET ADDRESS (If rural give location) Boonsboro Md. R.1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Alfred - Martin - May.

4. DATE OF DEATH: (Month) (Day) (Year) August 3. 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 29. 1897
9. AGE last birthday: 56-0-4 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Tenant
11. BIRTHPLACE (State or foreign country): Strinestouro Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse May
14. MOTHER'S MAIDEN NAME: Lutie Wierick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?
16. SOCIAL SECURITY No.: 161-12-2273
17. INFORMANT & ADDRESS: Mrs. Nora May Boonsboro Md. R.1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

953.7

Immediate cause (a) Last Operative Circulatory Collapse — Interval Between Onset And Death 12 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary Edema, result of — 12 hrs

DUE TO

(c) overdoses (frequency) of morphine sulfate.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/2/53
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hosp.
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/53, 19 ..., to 8.3.53, 19 ..., that I last saw the deceased alive on 8.3.53, 19 ..., and that death occurred at 9.00 AM, 8.3.53, from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Goldberg MD
ADDRESS Hagerstown Md
DATE SIGNED 8/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 7. 1953
NAME OF CEMETERY OR CREMATORY Bayard Cemetery
LOCATION (City, town, or county) (State) Bayard W. Va.

DATE REC'D BY LOCAL REGISTRAR Aug. 6. 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Wm. F. Bast & Sons
ADDRESS Boonsboro Md

Dr. S. Earl Young 148 N. Potomac St. Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1

RECEIVED
AUG 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

Dr Ditto

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 5 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 423 No. Mulberry St;

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) EDWARD (Last) MAY

4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 27 1889

9. AGE Last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Cabinet Maker Coffman

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Corp.

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry May

14. MOTHER'S MAIDEN NAME: Amelia Perschell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY No.: 214-09-3833

17. INFORMANT & ADDRESS: Mrs Maude H. May

18. MEDICAL CERTIFICATION 423 No Mulberry St

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Renal Failure — Interval Between Onset And Death: 3 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1 1953, to Aug 9 1953, that I last saw the deceased alive on Aug 9 1953, and that death occurred at 4 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) A. K. Coffman ADDRESS Hagerstown Md DATE SIGNED 8-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8-12-53 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Aug 11 1953 — REGISTRAR'S SIGNATURE Ghosth Howard

24. FUNERAL DIRECTOR Andrew K. Coffman — ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: WASHINGTON — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL HAGERSTOWN X
LENGTH OF STAY (in this place): 60 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RT.#6 HAGERSTOWN X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL HAGERSTOWN X
STREET ADDRESS (If rural give location): RT.#6 HAGERSTOWN

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) PEARL (Last) MINNICK

4. DATE OF DEATH: (Month) AUGUST (Day) 20 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 2/3/1874

9. AGE Last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: RETIRED TRACKMAN

10b. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB N. MINNICK

14. MOTHER'S MAIDEN NAME: MARY RUTHRAUFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS. MOLLIE MINNICK HAGERSTOWN RT.#6 MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Acute Mesenteric Thrombosis — DUE TO — Interval Between Onset And Death: 3d.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteriosclerosis, Generalized — DUE TO — 450.0 — years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 19 Aug 1953, to 20 Aug 1953, that I last saw the deceased alive on 20 Aug 1953, and that death occurred at Noon from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M D — ADDRESS: Hagerstown — DATE SIGNED: 8/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 8/22/53 — **NAME OF CEMETERY OR CREMATORY:** Mt. Bethel Methodist Ch. — **LOCATION** (City, town, or county) (State): Frederick County Md.

DATE REC'D BY LOCAL REGISTRAR: Aug. 21, 1953 — **REGISTRAR'S SIGNATURE:** Elizabeth Bowers — **24. FUNERAL DIRECTOR** — **ADDRESS:** W. J. Norment, Hagerstown Md.

RECEIVED
AUG 24 1953
BUREAU V. S.

Item 18 Film G157 8-28-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 439 West Washington Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 439 West Washington Street

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Mary (Last) Moore

4. DATE OF DEATH: (Month) Aug. (Day) 12 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5-13-1915
9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR Months 2 Days 29 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Stenographer
10b. KIND OF BUSINESS OR INDUSTRY: W. M. R. R. Co
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas H. Moore
14. MOTHER'S MAIDEN NAME: Mary McCarter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-10-5667
17. INFORMANT & ADDRESS: Thomas H. Moore, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset And Death: 1 hour

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic Heart Disease — Decompensated — 8 years

DUE TO

(c) Rheumatic Fever - inactive.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Aug, 1953, that I last saw the deceased alive on 12 Aug 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE J Dwilson (Degree or title) M.D. ADDRESS Hagerstown DATE SIGNED 8/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-15-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug. 14. 1953
REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Wilson

RECEIVED
AUG 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 209 Willard Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 209 Willard Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) ~~Ada~~ ADA (Last) Mulligan

4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-22-1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Weverton, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thepholus Barger

14. MOTHER'S MAIDEN NAME: Mary Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Daniel F. Mulligan, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
443X
Immediate cause (a) Hypertensive Cardio-Vascular disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)
260X1

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1953 to Aug 30, 1953, that I last saw the deceased alive on Aug 29, 1953 and that death occurred at 3:10 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Sidney Rovenstein M.D.
ADDRESS: Hagerstown Md
DATE SIGNED: 8/31/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10-3-1953
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE RECD BY LOCAL REGISTRAR: Sept. 1. 1953
REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons
ADDRESS: Hagerstown, Maryland

RECEIVED
DEC 3 1903
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 848 Jefferson St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 848 Jefferson St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) R (Last) Munday

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/9/78

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Assembler

10b. KIND OF BUSINESS OR INDUSTRY: Sand Blast Mfg.

11. BIRTHPLACE (State or foreign country): Loudoun Co. Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Robert Munday

14. MOTHER'S MAIDEN NAME: Matilda Vickers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-0321A

17. INFORMANT & ADDRESS: Mrs. John R. Munday

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 2-3 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arterio-sclerosis — (?)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) 0 (COUNTY) 0 (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan 1953, to 8/5 1953, that I last saw the deceased alive on 8/5, 1953, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE: Victor D. Miller (Degree or title) DR. VICTOR D. MILLER 131 W. WASHINGTON ST. HAGERSTOWN, MD. ADDRESS DATE SIGNED 8/7 Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8/9/53 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 7, 1953 REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Wm. A. Hoat

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown — LENGTH OF STAY (in this place) 2 years	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Church Home 6	STREET ADDRESS (If rural give location) Homewood Church Home

3. NAME OF DECEASED: (Type or Print)	(First) William	(Middle) Carlton	(Last) Newman	4. DATE OF DEATH:	(Month) Aug. (Day) 10 (Year) 19 53
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower	8. DATE OF BIRTH: Nov. 11, 1857	9. AGE last birthday: 95 yrs.	IF UNDER 1 YEAR Months 8 Days 25 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Ret. Jeweler	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alfred Newman		14. MOTHER'S MAIDEN NAME: May Elizabeth Pell	
15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT & ADDRESS: Rev. Mark G. Wagner, Hagerstown, Maryland	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) Chr. Myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) general arterial sclerosis — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1953, to Aug 10, 1953, that I last saw the deceased alive on Aug 9, 1953, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) D. E. Whitby — ADDRESS Hagerstown Md — DATE SIGNED 8-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 8-13-1953	NAME OF CEMETERY OR CREMATORY Zion Reformed Graveyard	LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REGISTRAR Aug 11, 1953	REGISTRAR'S SIGNATURE Chas H. Powers	24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Dittus

RECEIVED
AUG 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. Hauver

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN: Hagerstown 62
LENGTH OF STAY (in this place): 1 Day
HOSPITAL ~~OR INSTITUTION~~ OR STREET ADDRESS: Hagerstown Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade X
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) Ellis (Last) Nichols

4. DATE OF DEATH: (Month) (Day) (Year) August 12, 1953

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: June 27 1876

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Cascade Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward J. Wade

14. MOTHER'S MAIDEN NAME: Susan Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Alfred Nichols, Cascade Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: 570.2 (a) Mesenteric Thrombosis — 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.: (b) Arteriosclerosis — ? yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Choleagstitis & Cholelithiasis — ? yrs

19a. DATE OF OPERATION: None — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 11, 1953, to Aug 12, 1953, that I last saw the deceased alive on Aug 11, 1953, and that death occurred at 7:50 A.M.; from the causes and on the date stated above.

SIGNATURE: Richard V. Hauver — (Degree or title) M.D. — ADDRESS: Hagerstown, Md — DATE SIGNED: 8/12/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 8/14/53 — **NAME OF CEMETERY OR CREMATORY:** Bethel Cemetery — **LOCATION** (City, town, or county): Cascade — (State): Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 12 1953 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS: Walter Y. Grove, Waynesboro Pa.

RECEIVED
AUG 14 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

C

1. PLACE OF DEATH:
COUNTY WASHINGTOWN MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03
LENGTH OF STAY (in this place) 8h. 1 mi
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTOWN Co. HOSP. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASH
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03
STREET ADDRESS (If rural give location) 149 SOUTH MULBERRY ST.

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) BOY (Last) ORYE

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) INFANT
8. DATE OF BIRTH: 8/16/1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 8 Min. 1

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT A ORYE
14. MOTHER'S MAIDEN NAME: URA MARIE RIDINGDER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No. (If Yes, give war or dates of service) INFANT
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: ROBERT A ORYE 149 S. MULBERRY ST.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

Immediate cause (a) Premature Birth 6 mo. — Interval Between Onset And Death: 8 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Atalectasis — 8 hrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16th, 1953, to Aug 16th, 1953, that I last saw the deceased alive on Aug 16th 1953 and that death occurred at 12 Noon, from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip J Highman MD
ADDRESS Haggstown Md
DATE SIGNED 8/17/53

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 8/18/53
NAME OF CEMETERY OR CREMATORY ROSE HILL CEM.
LOCATION (City, town, or county) HAGERSTOWN (State) MD.

DATE REC'D BY LOCAL REGISTRAR Aug 18 1953
REGISTRAR'S SIGNATURE Chas H Flowers
24. FUNERAL DIRECTOR W. T. Norment
ADDRESS HAGERSTOWN MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

1

RECEIVED
AUG 20 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 East Avenue X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 28 East Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Edgar (Last) Poole
4. DATE OF DEATH: (Month) Aug. (Day) 15 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-1-1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 5 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret. Harness Maker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Poole
14. MOTHER'S MAIDEN NAME: Annie Willis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-09-9353
17. INFORMANT & ADDRESS: Mrs. W. E. Poole, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 423.1 (a) Myocardial Infarction — Interval Between Onset And Death 7 hrs

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c) Arteriosclerosis — 5 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19 , to 8/15/53, 19 , that I last saw the deceased alive on 8/15/53, 19 , and that death occurred at 11:55, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Hagerstown, Md DATE SIGNED 8/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-18-1953
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug. 18, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Hocklander
Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 6 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 376 So; Cleveland Ave

3. NAME OF DECEASED: (Type or Print) (First) Unnamed (Middle) Baby Girl (Last) Poper
4. DATE OF DEATH: (Month) (Day) (Year) Aug 5 1953 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Aug 5 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 6 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Edward Poper
14. MOTHER'S MAIDEN NAME: Mildred L. Summers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Charles Edward Poper

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 75x.1 (a) Achrondoplasia — Interval Between Onset And Death 6 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Aug, 1953, to 5 Aug, 1953, that I last saw the deceased alive on 5 Aug, 1953, and that death occurred at 6:00 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G H Hocklander MD
ADDRESS Hagerstown Md
DATE SIGNED 8/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/7/53
NAME OF CEMETERY OR CREMATORY Leitersburg Cemetery
LOCATION (City, town, or county) (State) Leitersburg Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 7. 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md.

44 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
AUG 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benevola - Rural X

LENGTH OF STAY (in this place) 11 Months

HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benevola - Rural X

STREET ADDRESS (If rural give location) Boonsboro Md. R.1.

3. NAME OF DECEASED: (Type or Print) (First) Henry - (Middle) Clay - (Last) Reel

4. DATE OF DEATH: (Month) August. (Day) 4 (Year) 1953

5. SEX: Male.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March. 17. 1863

9. AGE last birthday: 90-4-17 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Durgen W. Va 4

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Reel

14. MOTHER'S MAIDEN NAME: Mary - ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Nora May. Boonsboro Md. R.1.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Generalized arteriosclerosis — Interval Between Onset And Death: 5 yr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic myocarditis — 1 yr

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 21

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to Aug. 4, 1953, that I last saw the deceased alive on Aug. 4, 1953, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

SIGNATURE G W Lewan (Degree or title) M.D. ADDRESS Boonsboro - DATE SIGNED 8/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial.

DATE THEREOF Aug. 7. 1953

NAME OF CEMETERY OR CREMATORY Bayard Cemetery

LOCATION (City, town, or county) (State) Bayard Grant Co. W. Va.

DATE REC'D BY LOCAL REGISTRAR August. 7. 1953

REGISTRAR'S SIGNATURE John H. Bast

24. FUNERAL DIRECTOR Otho Sharpless Kitzmiller ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 352

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A46

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 120 East Irwin Ave

3. NAME OF DECEASED: (Type or Print) (First) Ursula (Middle) Beatrice (Last) Roe

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Sept. 28, 1901

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: house wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Cumberland Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph A. Mullen

14. MOTHER'S MAIDEN NAME: Julia C. Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -----

17. INFORMANT & ADDRESS: Massey H. Roe Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X

Immediate cause (a) Irreversible Myocardial Insufficiency — Interval Between Onset And Death: 3 Day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hemochromatosis — 3 mos

DUE TO (c) Diabetes Mellitus — 2 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/53 to 8/17/53, that I last saw the deceased alive on 8/17/53, and that death occurred at 5:01 PM from the causes and on the date stated above.

SIGNATURE Paul Young (Degree or title) MD ADDRESS Hagerstown DATE SIGNED 8/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 20, 53 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) Hagerstown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 19 1953 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS Scott F. Minnich & Son Hag. Md.

RECEIVED
AUG 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 45 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 220 S. POTOMAC ST.

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) DELANEY (Last) ROUZEE

4. DATE OF DEATH: (Month) AUG. (Day) 27 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 4/29/1889

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: CONDUCTOR

10b. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE A. ROUZEE

14. MOTHER'S MAIDEN NAME: MARY E. FISHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 719-05-6111

17. INFORMANT & ADDRESS: MRS. STELLA ROUZEE HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) acute coronary occlusion — Interval Between Onset And Death: 64 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) acute cerebral hemorrhage — 21 d

DUE TO

(c) acute ventricular fibrillation

420.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1953, to Aug 27, 1953, that I last saw the deceased alive on Aug 27, 1953 and that death occurred at 6:20 P., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Mills M.D. — ADDRESS 115 N. Potomac — DATE SIGNED 8/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/31/53 — NAME OF CEMETERY OR CREMATORY Rest Haven Cem. — LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 29, 1953 — REGISTRAR'S SIGNATURE Ghost H. Bowers

24. FUNERAL DIRECTOR W. J. Norment, Hagerstown, Md. — ADDRESS

RECEIVED
SEP 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15b

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1400 Penna Ave

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) Formin (Last) Rowley

4. DATE OF DEATH: (Month) 8 (Day) 31 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11/21/62

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Moore

14. MOTHER'S MAIDEN NAME: Mary Jane Formin Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Wheatley

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Hypertensive Cardiovascular Disease — Interval Between Onset And Death: unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to Aug. 31, 1953, that I last saw the deceased alive on Aug. 26, 19 53 and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles Robert Cohen M. D. Clear Spring, Maryland September 1, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9/4/53 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 3, 1953 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS

Rest Haven Funeral Chapel Inc.

By Wm. A. Horst

RECEIVED
SEP 8 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. Layman

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 23 | LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown,

STREET ADDRESS (If rural give location) 24 Brenner Ave

3. NAME OF DECEASED: (Type or Print) (First) Dale (Middle) Robert (Last) Rubeck

4. DATE OF DEATH: (Month) August (Day) 2, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: August 2, 1953

9. AGE last birthday: yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours 1 Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Hagerstown, Wash. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Donald Rubeck

14. MOTHER'S MAIDEN NAME: Irine Castle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Donald Rubeck

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5

Immediate cause (a) Abruptio placenta — Interval Between Onset And Death: One hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1953, to Aug 2, 1953, that I last saw the deceased alive on — 19—, and that death occurred at 2 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. F. Layman, M.D. | ADDRESS 5 Public Square Hagerstown, Md. | DATE SIGNED Aug 3, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug. 3, 1953 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 3, 1953 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman | ADDRESS Hagerstown, Md.

2083243353

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Dr Wells

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marshall St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Berkley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Martinsburg
STREET ADDRESS (If rural, give location) 214 E. King St.

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) EMMANUEL (Last) RUNKLES
4. DATE OF DEATH (Month) Aug 21 (Day) 1953 (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Oct 23 1884
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Martinsburg W.Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Howard W. Runkles
14. MOTHER'S MAIDEN NAME Sally Bodha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 233-09-2884
17. INFORMANT AND ADDRESS Marshall Manspeaker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) acute coronary occlusion — 20hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fell over dead in yard

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Robert Wells MD DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS Hagerstown, Md.
DATE SIGNED 8.22.53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/24/53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstuwon Md.

DATE REC'D BY LOCAL REG. Aug. 24, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
AUG 26 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: WASHINGTON — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN

LENGTH OF STAY (in this place): 50 YEARS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 241 SOUTH LOCUST STREET

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND — COUNTY: WASH.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN

STREET ADDRESS (If rural give location): 241 SOUTH LOCUST STREET

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) H. (Last) SCHENSKY

4. DATE OF DEATH: (Month) AUGUST (Day) 28, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 6, 1877

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): PAINTER

10b. KIND OF BUSINESS OR INDUSTRY: PAINTER

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: AMDREW SCHENSKY

14. MOTHER'S MAIDEN NAME: MARY GRAYING

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 189-22-1965B

17. INFORMANT & ADDRESS: MRS. MARTHA SCHENSKY — 241 S. LOCUST ST. HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1577

Immediate cause (a) DUE TO: Carcinoma of Pancreas with hepatic and

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: pulmonary metastases

(c)

Interval Between Onset And Death: 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION - - -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 53, to August, 19 53, that I last saw the deceased alive on August 28, 53, and that death occurred at 12:35 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D.

ADDRESS: 148 W. Washington Street, Hagerstown, Md.

DATE SIGNED: 8/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 8/31/53

NAME OF CEMETERY OR CREMATORY: ROSE HILL CEMETERY

LOCATION (City, town, or county) (State): HAGERSTOWN, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: Aug. 30 1953

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: FRED W. KRAISS

ADDRESS: 139 N. POTOMAC ST.

RECEIVED
SEP 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 822 Georgia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 822 Georgia Avenue

3. NAME OF DECEASED: (First) (Unnamed Baby Boy) (Middle) (Last) Sheffer (Twin I)

4. DATE OF DEATH: (Month) August (Day) 11, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: August 11, 1953

9. AGE Last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 9 Min. 4

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: *********

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Victor Leo Sheffer

14. MOTHER'S MAIDEN NAME: Wonnie Aurelia Grubb

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) ******

16. SOCIAL SECURITY No.: ******

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — Interval Between Onset And Death: 9 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 11, 19 53, to Aug. 11, 19 53, that I last saw the deceased alive on Aug. 11 53, and that death occurred at 10.20 PM, from the causes and on the date stated above.

SIGNATURE Charlie Robert Cohen (Degree or title) M D ADDRESS Clear Spring, Maryland DATE SIGNED 9-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 13, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 13, 1953
REGISTRAR'S SIGNATURE Charles H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md.
ADDRESS

1183231241

RECEIVED
SEP 1 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

LENGTH OF STAY (in this place): 7 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 822 Georgia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Wash.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

STREET ADDRESS (If rural give location): 822 Goergia Avenue

3. NAME OF DECEASED: (First) (Unnamed Baby Boy) (Middle) (Twin II) (Last) Sheffer (Type or Print)

4. DATE OF DEATH: (Month) August (Day) 11, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: August 11, 1953

9. AGE last birthday: yrs.

IF UNDER 1 YEAR: Months | Days | Hours 2 | Min. 8

IF UNDER 24 HRS.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: **********

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Victor Leo Sheffer

14. MOTHER'S MAIDEN NAME: Wonnie Aurelia Grubb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ******

16. SOCIAL SECURITY NO.: *********

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I) DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 2hours

Immediate cause (a) Prematurity

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 11, 1953 to Aug. 11, 1953, that I last saw the deceased alive on Aug. 11, 1953, and that death occurred at 3.24 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Robert Cohen M D ADDRESS Clear Spring Maryland DATE SIGNED 9-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug. 13, 1953

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 13, 1953

REGISTRAR'S SIGNATURE Charles H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Maryland ADDRESS

VS. A15

1183232247

RECEIVED
SEP 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-T

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sam Mar X — LENGTH OF STAY (in this place) 2 weeks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Talbrook Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stephen City
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) B. (Last) Shyrock

4. DATE OF DEATH: (Month) August (Day) 1. (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid. wd

8. DATE OF BIRTH: Sept. 1. 1880

9. AGE last birthday: 72. yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None.

10b. KIND OF BUSINESS OR INDUSTRY: None.

11. BIRTHPLACE (State or foreign country): Fultonham Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Taylor

14. MOTHER'S MAIDEN NAME: Vina Bagelly

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. J. R. Shyrock - 169 Summit Ave. Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

33/X

Immediate cause (a) Generalized arteriosclerosis — 10 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cerebral Haemorrhage — 2 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1953, to Aug. 1, 1953, that I last saw the deceased alive on July 31, 1953, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. — ADDRESS Boonsboro — DATE SIGNED 8/11/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 3. 1953 — NAME OF CEMETERY OR CREMATORY Greenhill Cemetery — LOCATION (City, town, or county) Stephen City (State) Virginia.

DATE REC'D BY LOCAL REGISTRAR Aug. 1. 1953 — REGISTRAR'S SIGNATURE John E. Rast

24. FUNERAL DIRECTOR Jones Funeral Home — ADDRESS Winchester Va.

RECEIVED
AUG 4 1953
BUREAU V. S.

Item 9 FilmG157 8/7/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 37 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 22 S. Locust St.

3. NAME OF DECEASED: (Type or Print) (First) Lula Mae (Middle) (Last) Smith

4. DATE OF DEATH: (Month) Aug. (Day) 1, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 25, 1895

9. AGE last birthday: ~~57~~ 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home Duties

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Rockingham Co., Va.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Frank Colwell

14. MOTHER'S MAIDEN NAME: Anna Hunes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Joseph R. Smith - Hagerstown, Md. 22 S. Locust St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Infarction — Interval Between Onset/And Death: 4 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 1 year
DUE TO (c) Chronic Pulmonary Tuberculosis — 2 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/45, 19.., to 8/1/53, 19.., that I last saw the deceased alive on 7.31, 1953, and that death occurred at 5.00 A.M., from the causes and on the date stated above.

SIGNATURE: Earl Young (Degree or title) ADDRESS: Hagerstown, Md DATE SIGNED: 8/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug. 4, 1953
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 3 1953
REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss - Hagerstown, Md.

RECEIVED
AUG 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waynesboro
STREET ADDRESS (If rural, give location) 11 So Potomac St

3. NAME OF DECEASED (Type or Print): (First) NORVAL (Middle) EUGENE (Last) SMITH.

4. DATE OF DEATH: (Month) Aug (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept 19 1918

9. AGE last birthday: 34 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance

10b. KIND OF BUSINESS OR INDUSTRY: Fairchild Corp.

11. BIRTHPLACE (State or foreign country): Monteray Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Roy Smith

14. MOTHER'S MAIDEN NAME: Laura Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. # 2

16. SOCIAL SECURITY NO. 173-03-3764

17. INFORMANT AND ADDRESS: Mrs Norval Smith

18. MEDICAL CERTIFICATION — Waynesboro Pa.

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute coronary occlusion

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) S. Robert Wells, M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 North Potomac St. Hagerstown, Md. DATE SIGNED 8/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/8/53 — NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery — LOCATION (City, town, or county) (State) Quincy Twship Pa.

DATE REC'D BY LOCAL REG. Aug 7 1953 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS Andrew K. Coffman Hagerstown Md.

RECEIVED
AUG 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 536 Ridge Avenue

3. NAME OF DECEASED: (Type or Print) (First) Elder (Middle) Garfield (Last) Snyder, Sr.

4. DATE OF DEATH: (Month) Aug. (Day) 12 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-18-1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days: 0 / 24 IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Furniture Rubber

10b. KIND OF BUSINESS OR INDUSTRY: Statton

11. BIRTHPLACE (State or foreign country): Downsville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Snyder

14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-09-9808A

17. INFORMANT & ADDRESS: Mrs. E. G. Snyder, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] — Interval Between Onset And Death: 3 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-53, 19..., to 8-12-53, 19..., that I last saw the deceased alive on 8-11-53, and that death occurred at 11:10 P.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Hagerstown, Md. DATE SIGNED: 8-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-15-1953

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: Aug. 14, 1953

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG
BUREAU V. S.

Dr. Ditto

Commissioned 8.11.53
D.M.E. Wood. Co. Md.
Robert Wells, M.D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington
STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown 03
LENGTH OF STAY (in this place): 51 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 534 Summit Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charlotte (Middle) Holt (Last) Spahr

4. DATE OF DEATH: (Month) Aug. (Day) 10 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: May 7, 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS: W. Francis Spahr Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Cardiac decompensation
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Fractured Hip
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: April 2, 1953

19b. MAJOR FINDINGS OF OPERATION Fractured Hip

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home (CITY OR TOWN): HAGERSTOWN (COUNTY): (WASH) (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Mar. 30 1953 m.

INJURY OCCURED While at Work ☐ Not While At Work ☑

HOW DID INJURY OCCUR? FALL

22. I hereby certify that I attended the deceased from Mar. 31, 1953, to Aug. 10, 1953 that I last saw the deceased alive on Aug 10, 1953 and that death occurred at 10:40 P.M., from the causes and on the date stated above.

SIGNATURE: John J. Dobbins (Degree or title) M D ADDRESS: 115 King St DATE SIGNED: 11 Aug 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Aug. 13, 1953 NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Aug. 11 1953 REGISTRAR'S SIGNATURE: Charles Bowers

24. FUNERAL DIRECTOR ADDRESS: Scott F. Minnich & Son Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

COUNTY: WASHINGTON — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN

LENGTH OF STAY (in this place): 5 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND — COUNTY: WASH.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN

STREET ADDRESS (If rural give location): 1007 HAMILTON BLVD.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
RAYMOND	A.	SPAHR	AUGUST	13,	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	WIDOWED	OCT. 19, 1888	65 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Sec. Y.M.C.A.	Y.M.C.A.	Zenia, OHIO	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
CLINTON SPAHR	EMMA VAN PELT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
NO	218-30-8477	MRS. OLIVER DICKINSON 1007 Hamilton Blvd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: 1 yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) & Coronary Insufficiency — 5 days

DUE TO

(c) Emphysema Gale Hodges — ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8, 1953, to Aug 13, 1953, that I last saw the deceased alive on Aug 13, 1953, and that death occurred at 11 P.M. from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD — ADDRESS: Hagerstown — DATE SIGNED: 8/14/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	8/15/53	REST HAVEN CEMETERY	HAGERSTOWN, MARYLAND

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 14, 1953	Chas. H. Edwards	Fred W. Kraiser	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
AUG 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 400 Reynolds Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 400 Reynolds Avenue

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Alberta (Last) Spielman

4. DATE OF DEATH: (Month) Aug. (Day) 9 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Oct. 18, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 9 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY: Harry Myers & Co.
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles A. Poffenberger
14. MOTHER'S MAIDEN NAME: Julia Rohrer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs. Catherine Winder, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio sclerotic Heart Disease — Interval Between Onset And Death: 6 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Fracture Femur (not healed) — 2 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-, 1952, to Aug 5, 1953, that I last saw the deceased alive on Aug 7, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. W. Ditto Jr. ADDRESS Hagerstown Md DATE SIGNED 8-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8-11-53 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug. 11. 1953 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 161

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport — LENGTH OF STAY (In this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 31 Conococheague Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural, give location) 31 Conococheague Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jesse	Edward	Staley	Aug.	11	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	Baby	July 26 1953	yrs.	17	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baby	None	Hagerstown Maryland	USA

13. FATHER'S NAME: Joseph Lee Staley
14. MOTHER'S MAIDEN NAME: Lolita May Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	None	31 Conococheague St Joseph Lee Staley Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

771.0 **Immediate cause** (a) acute hemorrhage from lungs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Cause unknown)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Robert Wells M.D.	D.M.E. Washington Co. Md.	Hagerstown Md.	8-12-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 13 1953	Riverview Cemetery	Williamsport Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 12-1953	E Lee McElroy	Albert L Leaf	Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 18 1953
BUREAU V. S.

(OVER) Film #G159 Item No. 4 11/3/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 455 Jefferson Street

3. NAME OF DECEASED: (First) George (Middle) L. (Last) Stevens (Type or Print)
4. DATE OF DEATH: (Month) Aug. (Day) 4, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 22, 1909
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): General Work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George W. Stevens
14. MOTHER'S MAIDEN NAME: Hester Love Hagerstown, Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): ?
16. SOCIAL SECURITY No.: 214-09-0076
17. INFORMANT & ADDRESS: Mrs. Eileen M. Stevens- 455 Jefferson St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Cirrhosis of Liver — Interval Between Onset And Death: 2yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) esophageal varix with bleeding — 6 d
DUE TO (c) hemorrhage & shock

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) None (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to Aug. 3 '53, 19..., that I last saw the deceased alive Aug. 2, 1953, and that death occurred at 8:45 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) H. Robert Mellon M D
ADDRESS 115 North Potomac, Hag.
DATE SIGNED 8/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 7-53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 6. 1953
REGISTRAR'S SIGNATURE Thad H. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss- ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Original certificate destroyed because it was only signed by an intern.
Film G158 - 9/16/53 mnb

173

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hagerstown
LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washingto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 758 Jefferson Street

3. NAME OF DECEASED: (Type or Print) (First) Salome (Middle) May (Last) Swope
4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1953
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Dec. 31, 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): near Hagerstown
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: I.B. Harbaugh
14. MOTHER'S MAIDEN NAME: Sabilla C. Bomberger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: L.Leroy Swope Hagerstown, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) CEREBRAL HEMORRHAGE	24 hours.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) CEREBRAL ARTERIO-SCLEROSIS	Indef.
	DUE TO (c) + HYPERTENSIVE CARDIO-VASC. DISEASE	Indef.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DIABETES MELLITUS, PARALYSIS AGITANS (3 years)	Indef.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1953, to Aug 5, 1953, that I last saw the deceased alive on Aug 3, 1953, and that death occurred at 6:30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) M.D. ADDRESS Hagerstown Md. DATE SIGNED 8-7-'53

23. BURIAL, CREMATION, REMOVAL Burial | DATE THEREOF Aug. 8, 1953 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) Hagerstown, (State) Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 8, 1953 | REGISTRAR'S SIGNATURE J. W. Murray Local Registrar
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Cohen

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 Devonshire Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier 16-[illegible]-2
STREET ADDRESS (If rural give location) 3209 Shepherd St.

3. NAME OF DECEASED: (Type or Print) (First) Irene (Middle) Lydia (Last) Trumpower
4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Dec. 14, 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): near Clearspring, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John F. Shupp
14. MOTHER'S MAIDEN NAME: Ellen Whetstone
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: -----
17. INFORMANT & ADDRESS: Mrs. Nola I. Brown

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Uremia Acute — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 14, 1953, to Aug. 22, 1953, that I last saw the deceased alive on Aug. 21, 1953, and that death occurred at 11:55PM DST from the causes and on the date stated above.

SIGNATURE Archie Robert Cohen (Degree or title) M. D, ADDRESS Clear Spring, Maryland DATE SIGNED August 23, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8/26/53 NAME OF CEMETERY OR CREMATORY Little Rose Hill Cem. LOCATION (City, town, or county) near Clearspring, Md. (State)
DATE REC'D BY LOCAL REGISTRAR Aug. 24, 1953 REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural, Hagerstown
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg
STREET ADDRESS (If rural give location) N. Main St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) George Alvey Warner
4. DATE OF DEATH: (Month) (Day) (Year) Aug. 27 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: June 21, 1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Smithsburg
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel L. Warner
14. MOTHER'S MAIDEN NAME: Hester Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: - -
17. INFORMANT & ADDRESS: Mrs. Ray Kendall, Smithsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cic Cardiac Failure — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Intertrochanteric Fracture — 6 mo.
DUE TO (c) of left hip and Urinary Fistula

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 1953
19b. MAJOR FINDINGS OF OPERATION: Operation on Fracture
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) 21
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1953 to 8/27, 1953, that I last saw the deceased alive on 8/27, 1953 and that death occurred at 1 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) David R. Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 8/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 8-29-53
NAME OF CEMETERY OR CREMATORY Pleasant Valley Cem.
LOCATION (City, town, or county) (State) Smithsburg, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 29, 1953
REGISTRAR'S SIGNATURE J. W. Murray Local Registrar
24. FUNERAL DIRECTOR Scott F. Minnich & Son, ADDRESS Smithsburg

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown,
STREET ADDRESS (If rural give location) 110 East Ave.,

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) William (Last) Whitmore

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Dec. 2, 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Fiddlersburg, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Augusts Whitmore
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Eckstine

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no 4 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: - -
17. INFORMANT & ADDRESS: Mrs. Mary Hensell, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary sclerosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive cardiovascular disease

DUE TO

(c)

Interval Between Onset And Death: two weeks certain, intermittent for 9 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia (Hypostatic) Aug 17 - 12 days

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1953, to Aug 29, 1953, that I last saw the deceased alive on Aug 29, 1953, and that death occurred at 11 15 A.M. D.S.T., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. J. Layman, M.D. ADDRESS 5 Public Square Hagerstown, Md DATE SIGNED Aug 31, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Sept. 1, 53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 31, 1953
REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Md.
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Md.
STREET ADDRESS (If rural give location) 132 Williams Ave.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Edward (Last) William
4. DATE OF DEATH: (Month) 8- (Day) 12 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 7-23-1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Insecticide, Co.
11. BIRTHPLACE (State or foreign country): Harpers Ferry W Va. 45
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John William
14. MOTHER'S MAIDEN NAME: Minnie Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes give war or dates of) World War II
16. SOCIAL SECURITY No.: 111-12-1559
17. INFORMANT & ADDRESS: Mrs. Patsy Minor 132 William Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

541.1

Immediate cause (a) Perforated duodenal ulcer — Interval Between Onset And Death 36 hr.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Shock DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/12/53
19b. MAJOR FINDINGS OF OPERATION: Perforated duodenal ulcer
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1953, to 8/12, 1953, that I last saw the deceased alive on 8/12, 1953 and that death occurred at 4:00 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Dr. E. W. Dill III ADDRESS Hagerstown, Md DATE SIGNED 8/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8-15-1953 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REGISTRAR Aug. 15, 1953 REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR John R Watson Jr ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1
BUREAU V. S.

Countersigned 8-11-53
Deputy Med. Exam.
Wash. Co. Md.
Robert Wells M.D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

DR. Hirshman
Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) L Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Key Circle X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Virginia — COUNTY Hampshire
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capon Bridge
STREET ADDRESS (If rural give location) home.

3. NAME OF DECEASED: (Type or Print) (First) OSIE (Middle) ELMER (Last) WOLFORD

4. DATE OF DEATH: (Month) (Day) (Year) August 10, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Feb. 20, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Capon Bridge W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wolford

14. MOTHER'S MAIDEN NAME: Sarah Belford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Ray Brill Key Circle, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Occlusion — 1 month.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Months
DUE TO (c)

420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1953 to Aug 10, 1953, that I last ~~saw~~ deceased the deceased alive on ..... 19..... , and that death occurred at 11.15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip Hirshman M.D. — ADDRESS Hagerstown Md. — DATE SIGNED 8/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 13, 1953 — NAME OF CEMETERY OR CREMATORY Fairview Cemetery — LOCATION (City, town, or county) (State) Gore, Virginia

DATE REC'D BY LOCAL REGISTRAR Aug. 11, 1953 — REGISTRAR'S SIGNATURE Chas. A. Bowers

24. FUNERAL DIRECTOR — ADDRESS Andrew K. Coffman Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Big Pool
STREET ADDRESS (If rural give location) **********

3. NAME OF DECEASED: (Type or Print) (First) Baby Girl (Middle) (Last) Younker

4. DATE OF DEATH: (Month) August (Day) 25, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ******

8. DATE OF BIRTH: August 25, 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min. 45

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herbert Eugene Younker

14. MOTHER'S MAIDEN NAME: Phyllis Eillen Kesecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: *********

17. INFORMANT & ADDRESS: Mrs. Phyllis Younker Big Pool-Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity — Interval Between Onset And Death: 45 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None. 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1953, to Aug. 25, 19 53, that I last saw the deceased alive on Aug. 25, 1953, and that death occurred at 12:05 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Archie Robert Colen M.D ADDRESS Clear Spring-Md. DATE SIGNED 9/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF *******

NAME OF CEMETERY OR CREMATORY Park Head Cemetery

LOCATION (City, town, or county) Along Route #40 (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Aug. 29, 1953

REGISTRAR'S SIGNATURE J. W. Murray

24. FUNERAL DIRECTOR Adrian H. Rowland ADDRESS

VS A15 1-1

20832032 40

RECEIVED
SEP 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
LENGTH OF STAY (in this place) 63 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 246 Mealey Pkwy.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Grace (Last) Zimmerman

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 7, 1880

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): GraceHam Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Zimmerman

14. MOTHER'S MAIDEN NAME: Joann Otto

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-8242

17. INFORMANT & ADDRESS: Joseph L. Zimmerman Hag. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
332X
Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 4 days.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cerebral Arterio-Sclerosis — 10 years.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29, 1953, to Aug 1, 1953, that I last saw the deceased alive on 7/31, 1953, and that death occurred at 9:30 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Hagerstown Md. 8/3/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 4, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 4 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS
Scott F. Minnich & Son Hag. Md.

VS. A T

RECEIVED
AUG 6 1953
BUREAU V. S.